DEPARTMENTIOF HOMELAND SECURITY U.S. COAST GUARD CG-3684[[Rev:::3-03]]

## INITIAL SCREENING AND QUALIFICATIONS QUESTIONNAIRE

(Required for compliance with Armed Forces Reserve Act, as amended, and U.S. Coast Guard Reserve Regulations.)

NOTE: Read inst	ructions, complete, sig	gn, and return this questionnaire with	in 30 days. Type or pr	int.				
1. NAME (Last, first, middle)			2. SERVICE NUMBE	ER 3. GRA	ADE OR	RATE	4. DATE OF BIRTH	
5. MAILING ADDRESS				6.	. IF THE BLOCK RECT, ADDR	ADDRES K AT THE I , PLEASE I ESS IN TH	S SHOWN IN T LEFT IS INCOR ENTER CORRE IIS BLOCK.	HE }- ECT
ТО								
	SELECTIVE SERVIC	8. MARITAL STATUS  MARRIED SINGLE WIDOWED OR DIVORCED						
a. SELECTIVE SERVICE NUMBER b. SELECTIVE SERV. CLASS'N			9. DEPENDENTS RELATIONSHIP					
c. LOCAL SELEC	TIVE SERVICE BOA	RD NO. AND ADDRESS						
9a. IN THE EVEN DEPENDENT	NT OF A NATIONAL E TS TO AN EXTENT T	MERGENCY, WOULD CALL TO A HAT MIGHT AFFECT YOUR AVAIL	CTIVE DUTY CAUSE ABILITY?	EXTREMI	E PERS	ONAL HAF	RDSHIP TO YO	UR
10. CIVILIAN EDUCATION (Circle highest grade completed)  ELEMENTARY HIGH SCHOOL  1 2 3 4 5 6 7 8 1 2 3 4			COLLEGE 1 2 3 4			GRADUATE 1 2 3 4		
TYPE OF SCHOOL		ADDRESS OF SCHOOL	DATES ATTENDED			MAJOR SUBJECT		
COLLEGE								
POST GRADUATE								
COMMERCIAL OR TRADE SCHOOL								
		(SEE PA						
UPON COMPLET	TION OF THIS FORM	, MAIL ORIGINAL AND ONE COP	Y TO THE ADDRESS	SEE SHOW	/N BELO	OW.		

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11. CIVILIAN OCCUPATIONAL EXPERIENCE													
a. PRESENT OCCUPATION (Bookkeeper, carpenter, etc.)	YRS. IN OC- CUPATION	b. ACTUAL PRESE	. UNION OR PAYRO NT JOB	YRS. IN JOB									
c. NAME OF EMPLOYER OR FIRM	-1	d. EMPLOY	ER'S ADDRESS										
e. DESCRIPTION OF YOUR JOB (State what you do, tools or machines used, procedures, etc.)													
					DISTRIC	CT USE ONLY							
					D.O.T. CO	DE							
f. IF SERVING IN AN APPRENTICE- SHIP, COMPLETE THE FOLLOWING	TOTAL HOU PLETE PRO	JRS REQUIRED OGRAM	TO COM-	HOURS COMP.	ESTIMATED COMPLETION DATE								
g. IF SERVING IN AN APPOINTIVE OR ELECTIVE POSITION, COMPLETE THE FOLLOWING			TENURE	FROM									
h. IN THE EVENT OF A NATIONAL EMERGENCY, WOULD CALL TO ACTIVE DUTY ADVERSELY AFFECT THE HEALTH, SAFETY OR WELFARE OF THE COMMUNITY TO AN EXTENT THAT MIGHT AFFECT YOUR AVAILABILITY?													
12. I understand that a Reservist who has fulfilled his Ready Reserve obligation or who is eligible for assignment to the Standby Reserve by reason of a critical civilian occupation or other criteria established pursuant to the armed Forces Reserve Act may not be retained in or transferred to the Ready Reserve unless he executes a written agreement. My intentions with respect to retention in or transfer to the Ready Reserve are shown by the items checked below. (Check one only)  a. I desire and if accepted, agree to remain in or transfer to the Ready Reserve for the remainder of the term of my current enlistment.													
b. (Applicable to officers only) I de			_	ansfer to the Ready R	eserve for a period of								
L 1 year L 2 years L 3 years L 4 years.  C. I do not desire to transfer to or remain in the Ready Reserve beyond my required period of obligation and understand that I will not be entitled to pay for any training duty performed as a member of the Standby Reserve.													
If either (a) or (b) is checked, I hereby signify my ability and willingness to participate in training activities and agree to accept Ready Reserve liability and waive my right to transfer to the Standy Reserve during the term of this agreement. I understand that the Commandant may transfer me to the Standby Reserve at any time for cogent reasons as prescribed by the Secretary.													
13. REMARKS													
I CERTIFY that to the best of my knowledge and b no physical defects or conditions, except as noted remarks above, which would prevent my performan military service.	under	DATE		SIGNATURE									